

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039325

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 106

OCT 29 1963

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		c. CITY OR TOWN Cameron Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm. Hosp.		d. STREET ADDRESS (If outside, give location) 116 E. Ford Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle W. Last Russell		4. DATE OF DEATH Month Oct. Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Apr. 7 1905 9. AGE (last birthday) 58yr's
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C. P. A.		10b. KIND OF BUSINESS OR INDUSTRY Accounting	
11a. BIRTHPLACE (City and state or country) Vandalia Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Robert Wolliam Russell		13b. MOTHER'S MAIDEN NAME Ellen Carroll	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address William A. Russell St Louis Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 10 Min.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]		21. I attended the deceased from 1961 to 1963 and last saw him alive on 10-23-63 Death occurred at [REDACTED] on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Father, Missouri	
22c. DATE SIGNED 10-23-63		23a. BIRTHPLACE (City and state or country) Vandalia Mo.	
23b. DATE Oct. 14 1963		23c. NAME OF CEMETERY OR CREMATORY Vandalia	
23d. LOCATION (City, town, or county) Vandalia		23e. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR Poland Funeral Home Cameron Mo.		25. DATE RECD. BY LOCAL REG. 10-26-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 47774 st.

P. O. Address 222 Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.